## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/601390

| CLAIMS AS FILED - PART I   |   |          |                                     |                    |                  |   |                                     |     | SMALL ENTITY                         |                        |    | OTHER THAN                     |                        |
|--|---|----------|-------------------------------------|--------------------|------------------|---|-------------------------------------|-----|--------------------------------------|------------------------|----|--------------------------------|------------------------|
|  |   |          | (Column 1)                          |                    |                  | (Column 2)                                |                                     |     | TYPE                                 |                        | OR | SMALL                          | ENTITY                 |
| FOR  |   |          | NUMBER FILED                        |                    |                  | NUMBER EXTRA                              |                                     |     | RATE                                 | FEE                    |    | RATE                           | FEE /                  |
| BASIC FEE  |   |          |                                     |                    |                  |   |                                     |     | 対ない                                  |                        | OR |                                | 840                    |
| TOTAL CLAIMS   |   |          | minus 20=                           |                    |                  | •   |                                     |     | X\$ 9=                               |                        | OR | X\$18=                         |                        |
| IND  | EPENDENT CL   | AIMS     | 2 minus 3 =                         |                    |                  | •   |                                     |     | X39=                                 |                        | OR | X78=                           |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |          |                                     |                    |                  | У   |                                     |     | +130=                                |                        | OR | +260=                          | 260                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |          |                                     |                    |                  |   |                                     | L   | TOTAL                                |                        | OR | TOTAL                          | 1100                   |
| CLAIMS AS AMENDED - PART II  |   |          |                                     |                    |                  |   |                                     |     | . '                                  |                        |    | OTHER                          |                        |
|  |   |          |                                     |                    |                  | Column 2) (Column 3)                      |                                     |     | SMALL                                |                        | OR | SMALL                          |                        |
| AMENDMENT A  |   | REM<br>A | AIMS MAINING FTER NDMENT            |                    | N<br>PRI         | IIGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR  | PRESENT<br>EXTRA                    |     | RATE                                 | ADDI-<br>TIONAL<br>FEE |    | RATE                           | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *        |                                     | Minus              | **               |   | =                                   |     | X\$ 9=                               |                        | OR | X\$18=                         |                        |
|  | Independent   | *        |                                     | Minus              | ***              |   | =                                   |     | X39=                                 |                        | OR | X78=                           |                        |
|  | FIRST PRESE   | NTATI    | ON OF MU                            | JLTIPLE DEP        | PEND             | ENT CLAIM                                 |                                     | 1   | +130=                                |                        | OR | +260=                          |                        |
|  |   |          |                                     |                    |                  |   |                                     |     | TOTAL                                |                        |    | TOTAL                          |                        |
|  |   |          |                                     |                    |                  |   |                                     |     | ADDIT. FEE                           |                        | OR | ADDIT. FEE                     |                        |
|  | usa i tret nitro etterni  |          | lumn 1)<br>LAIMS                    | Total Constitution |                  | olumn 2)                                  | (Column 3)                          | 1 - |                                      |                        | 1  | 222                            |                        |
| AMENDMENT B  |   | REN      | MAINING<br>FTER<br>NDMENT           |                    | PR               | NUMBER<br>EVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                    |     | RATE                                 | ADDI-<br>TIONAL<br>FEE |    | RATE                           | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *        |                                     | Minus              | **               |   | =                                   |     | X\$ 9=                               |                        | OR | X\$18=                         |                        |
|  | Independent   | ·        |                                     | Minus **           |                  |   | =                                   |     | X39=                                 |                        | OR | X78=                           |                        |
| L  | FIRST PRESE   | NTATI    | ON OF MI                            | JLTIPLE DEF        | PEND             | ENT CLAIM                                 |                                     | J   | +130=                                |                        | 00 | +260=                          |                        |
|  | ·   |          |                                     | •                  |                  |   |                                     | L   | TOTAL                                |                        | OR | TOTAL                          |                        |
| İ  |   | •        |                                     |                    |                  |   |                                     | ,   | ADDIT. FEE                           |                        | OR | ADDIT. FEE                     |                        |
|  |   | (Co      | lumn 1)                             |                    |                  | olumn 2)                                  | (Column 3)                          |     |                                      |                        |    |                                |                        |
| AMENDMENT C  |   | REI      | LAIMS<br>MAINING<br>AFTER<br>NDMENT |                    | PR               | IIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                    |     | RATE                                 | ADDI-<br>TIONAL<br>FEE |    | RATE                           | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •        |                                     | Minus              | ••               |   | =                                   |     | X\$ 9=                               |                        | OR | X\$18=                         |                        |
|  | Independent   | *        |                                     | Minus              | ***              |   | =                                   |     | X39=                                 |                        | OR | X78=                           |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |          |                                     |                    |                  |   |                                     | 1   |                                      |                        |    |                                |                        |
|  |   |          | Jane 45 "                           | no optor in sol    | .m. ^            | write "O" in col                          | lumn 3                              |     | +130=                                |                        | OR | +260=                          |                        |
| 1  | If the entry in colu<br>If the "Highest Nu<br>"If the "Highest Nu<br>The "Highest Nur | mber P   | reviously Pa                        | aid For IN THI     | IS SPA<br>IS SPA | CE is less tha<br>CF is less tha          | n 20, enter "20<br>ın 3. enter "3." |     | TOTAL<br>ADDIT, FEE<br>and in the ap | propriate bo           |    | TOTAL<br>ADDIT. FEE<br>lumn 1. |                        |